

# Using Assessments to Plan Interventions and Track Progress

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# Why Do We Need Assessments?

Tells us areas where the child is succeeding and struggling

Helps develop individual goals for intervention (parents, EI, SLP, to work on with child)

Track a child's progress over time relative to her individual goals

Monitor educational program successes and opportunities for improvement in achieving outcomes for enrolled children

Professional development needed?

Justify increases in services?

Compare to normal-hearing, typically-developing peers

Is the child ready to be mainstreamed?

# Some Areas to Assess for Children with Hearing Loss

Audition/Listening skills

Speech

Language

Receptive

Expressive

Vocabulary

Conversation Skills



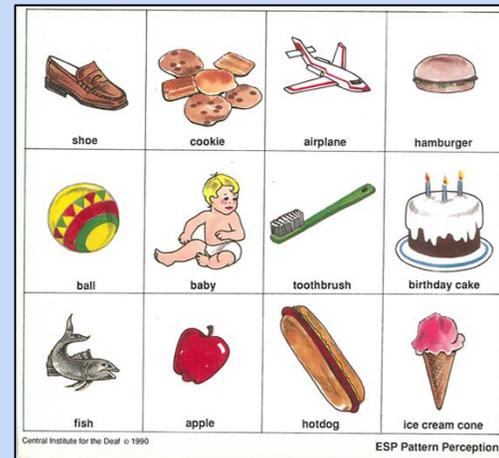
# Audition Assessments

## Early Intervention/Preschool

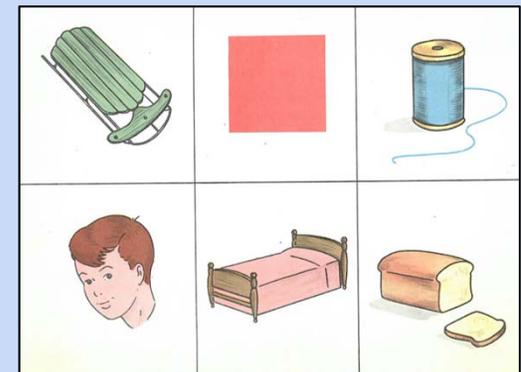
**Little Ears (by Med-EL)** - parent questionnaire about auditory behavior

**ESP (Early Speech Perception)** - child points to picture of word heard

**WIPI (Word Intelligibility by Picture Identification)** - points to picture of word heard



ESP



WIPI

## Goals for Audition

**Deficit:** Does not turn to his name.

**Goal:** Jack will turn to his name when spoken in a quiet room at 3ft, 6ft, and 12 ft.

**Deficit:** Misses all words starting with /m/.

**Goal:** Child will discriminate and identify minimal pairs of words with voicing differences using audition alone.



## Speech Assessments

**Ling Phonologic Evaluation** - looks at vowels, suprasegmentals, consonants

**Goldman-Fristoe Test of Articulation** - standardized assessment

**Weiss Speech Intelligibility Evaluation** - uses a taped conversation sample

# Speech Goals

## **Deficit:**

Suprasegmentals are absent.

## **Goal:**

Jane will imitate syllables varying in duration, intensity and pitch.

## **Deficit:**

Omits final consonants in words.

## **Goal:**

Jane will consistently use final consonants at the word level for all sounds she is able to produce.



# Language Assessments

## Receptive Language

REELS (Receptive-Expressive Emergent Language Test) -- parent questionnaire, gives a standard score

PLS-5 (Preschool Language Scales) -- Standardized assessment

## Expressive Language

REELS -- parent questionnaire, gives a standard score

PLS-5 -- Standardized assessment

## Vocabulary

MacArthur-Bates Communicative Dev. Inventory -- parent questionnaire

PPVT (Peabody Picture Vocabulary Test) -- Standardized assessment

EVT (Expressive Vocabulary Test) -- Standardized assessment

## Conversation Skills

Conversational Competence Evaluation -- uses a taped conversation sample

SALT (Systematic Analysis of Language Transcripts) -- gives MLU

## Receptive Language

### **Deficit:**

Will your baby sit still and listen for a full minute to a person who is showing and naming pictures of familiar things?

### **Goal:**

Jane will attend for a full minute with an adult engaging her in conversation about familiar pictures.

### **Deficit:**

When your baby hears new sounds or voices, does she or he often look toward those sounds?

**Goal:** Jane will turn her head to novel sounds or voices.



## Expressive Language

### Deficit:

Does your baby sometimes play games such as Pat-a-Cake or Peek-a-Boo?

### Goal:

Jane will engage with an adult in games such as Pat-a-Cake and Peek-a-Boo.

### Deficit:

Do your baby's sounds vary from loud to soft and from high to low?

### Goal:

Jane vocalizations will include suprasegmental features, such as variations in pitch, duration and intensity.



# Vocabulary

**Deficit:**

List of spoken words the child *understands* is below average for age.

**Goal:**

Jane will increase her receptive vocabulary to age level.

**Deficit:**

List of spoken words the child *says* is 10 at age 2 (avg. for age 2 is 200-600 words).

**Goal:**

Jane will increase her expressive vocabulary to >300 words. (avg. for age 3 is ~950 words).

## Conversation Skills

### **Deficit:**

Does not exhibit turn-taking with conversation partner.

### **Goal:**

Jane will maintain a topic with a conversation partner through four turn-takes.

### **Deficit:**

Mean length of utterance (MLU) is 2 at age 4 (avg. MLU is 3.5-5.3 for 4-year-olds).

### **Goal:**

Jane will increase her MLU to  $>3.5$  (avg. MLU is 4-6.8 for 5 year-olds).



# Data Analysis

**Besides developing goals, how can we use the data from assessments?**

Analysis!

Interdisciplinary management of child (audiology, SLP, ToD, other specialities)

**Analysis:**

**Individual** - track a child over time

**Programmatic** - track progress of many children over time

Can sub-group by hearing age, etiology, primary language, etc. to identify professional development or other program/staff needs

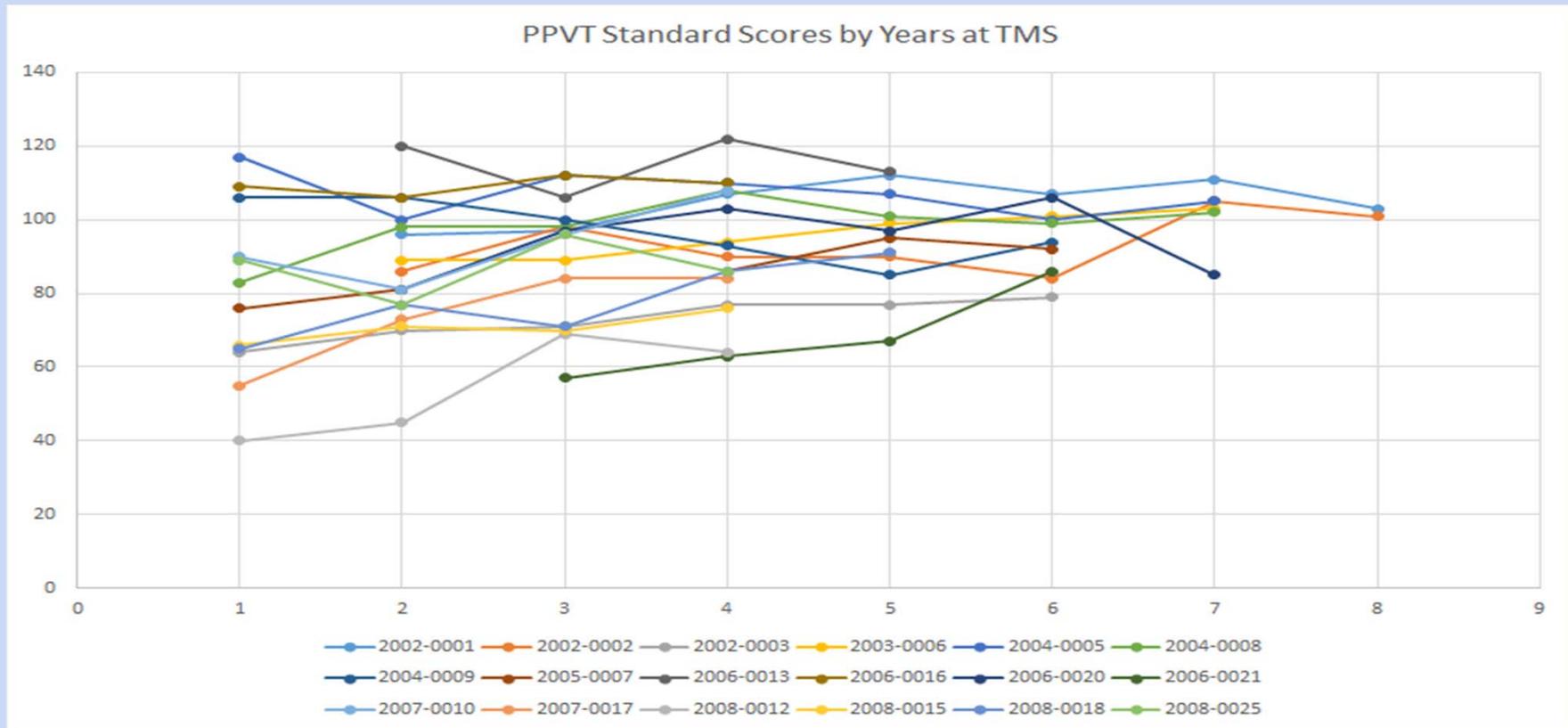
**Programmatic** - snapshot of status of many children in a given year, by age, by enter/end of EI, other

Average or better vs. below average; similar to measure to screened/unscreened or LFU

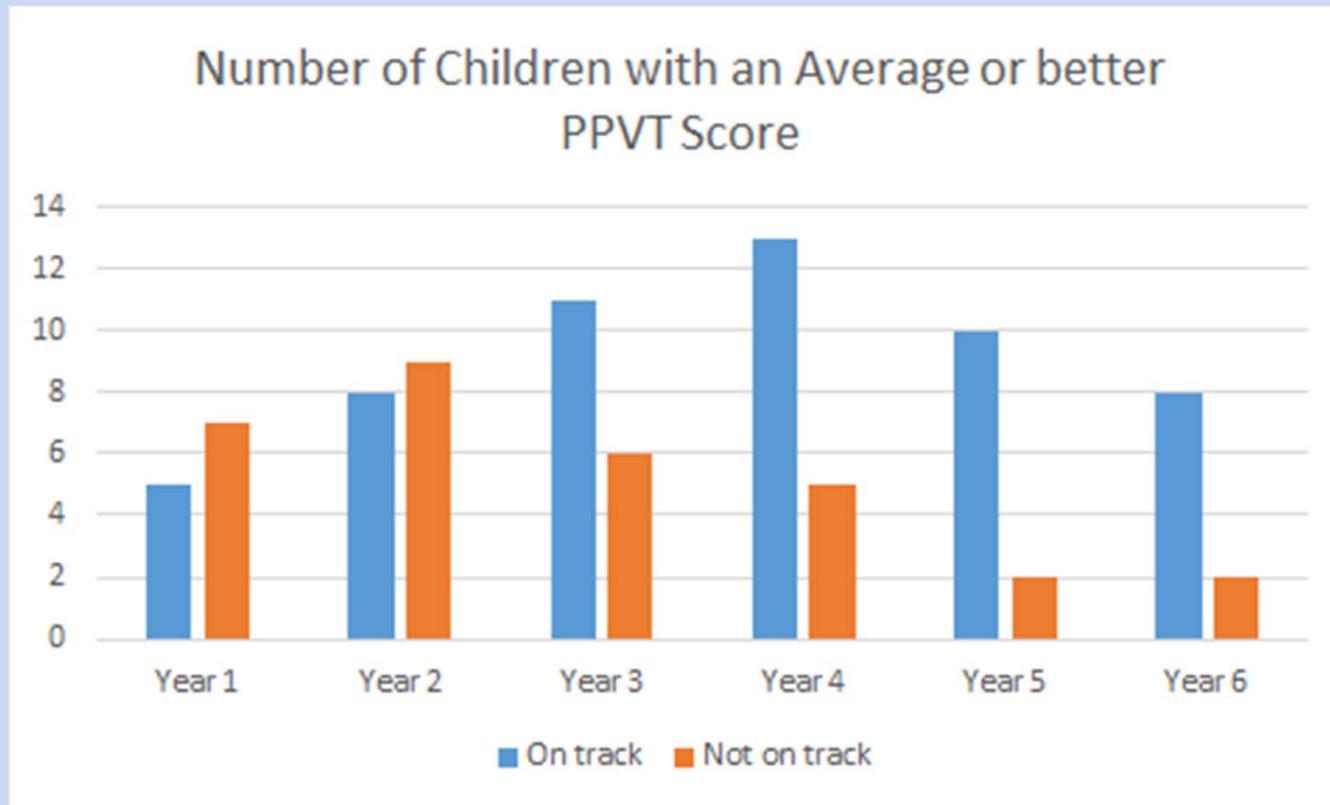
## Tracking Progress - Individual Child

<b>Expressive Vocabulary Test</b>			
<b>March, 2013</b>	<b>October, 2014</b>	<b>April, 2015</b>	<b>September, 2015</b>
Standard Score: 81	Standard Score: 79	Standard Score: 90	Standard Score: 94
Percentile Rank: 10	Percentile Rank: 8	Percentile Rank: 25	Percentile Rank: 34
Age Equivalent: 2 yrs, 10 mo	Age Equivalent: 3 yrs, 1 mo	Age Equivalent: 4 yrs, 1 mo	Age Equivalent: 4 yrs, 11 mo

# Tracking Progress - Many Children Over Time



## Tracking Progress - Many Children (snapshot)



## **Assessments - Conclusion**

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## Conclusion - JCIH

### JCIH Goal 6:

All children who are D/HH should have their progress monitored every 6 months from birth to 36 months, through a protocol that includes the use of standardized, norm-referenced evaluations, for language (Spoken and/or Signed), communication (Auditory, Visual, and/or Augmentative), social-emotional, cognitive, and fine and gross motor skills

# Conclusion - JCIH

## Rationale\*:

The urgency of providing appropriate EI services is supported by evidence of reduced and limited success of EI strategies that are initiated after the sensitive period for language and auditory development.

Earlier identification of children who are D/HH has been established with the goal of *prevention* of delay, not *remediation* of delay. Thus, developmental assessment for this population is designed to ensure that the children are mastering the developmental skills appropriate for their age and cognitive functioning. **[And ready for Kindergarten!]**

Monitoring of developmental progress using norm-referenced instruments provides parents/families and EI providers objective data about the individual rate of their child's development and can guide their decision making.

In addition, systematic monitoring of developmental progress has the potential to provide states/territories, local educational agencies, and individual early childhood programs with information that can guide system change and continuous improvement by identifying strengths and weaknesses within their system.

# Conclusion - JCIH

		Nothing in Place (1)	Just Beginning (2)	Making Progress (3)	Estab- lished Practice (4)
6.1	Monitor developmental progress every 6 months (from 6-36 months) to ensure children are making appropriate progress				
6.2	Develop statewide assessment protocol for children who are DHH				
6.3	Develop a collaborative sharing network capable of collecting data				